

# VISA APPLICATION

## (APPLICATION FOR UKRAINE ENTRY CLEARANCE)

Please write in **BLOCK CAPITALS** and tick all the relevant boxes.

<p>1. SURNAME (as written in your passport)</p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <p>2. FULL NAME (as written in your passport)</p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <p>3. OTHER NAMES OR SURNAMES USED IN THE PAST</p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <p>4. DATE OF BIRTH</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; font-size: small;">day</td> <td style="text-align: center; font-size: small;">month</td> <td style="text-align: center; font-size: small;">year</td> </tr> <tr> <td style="border: 1px solid black; width: 33%; height: 25px;"></td> <td style="border: 1px solid black; width: 33%; height: 25px;"></td> <td style="border: 1px solid black; width: 33%; height: 25px;"></td> </tr> </table> <p style="text-align: center; font-size: small;">country</p> <div style="border: 1px solid black; width: 100%; height: 25px; margin-bottom: 10px;"></div> <p style="text-align: center; font-size: small;">town</p> <div style="border: 1px solid black; width: 100%; height: 25px; margin-bottom: 10px;"></div> <p>5. SEX                                      female    <input type="checkbox"/>                                      male    <input type="checkbox"/></p> <p>6. NATIONALITY</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; font-size: small;">present</td> <td style="text-align: center; font-size: small;">former (if any)</td> </tr> <tr> <td style="border: 1px solid black; width: 50%; height: 25px;"></td> <td style="border: 1px solid black; width: 50%; height: 25px;"></td> </tr> </table> <p>7. PERSONAL NUMBER</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 25px;"></td> <td style="border: 1px solid black; width: 20px; height: 25px;"></td> <td style="border: 1px solid black; width: 20px; height: 25px;"></td> <td style="border: 1px solid black; width: 20px; height: 25px;"></td> <td style="border: 1px solid black; width: 20px; height: 25px;"></td> <td style="border: 1px solid black; width: 20px; height: 25px;"></td> <td style="border: 1px solid black; width: 20px; height: 25px;"></td> <td style="border: 1px solid black; width: 20px; height: 25px;"></td> <td style="border: 1px solid black; width: 20px; height: 25px;"></td> <td style="border: 1px solid black; width: 20px; height: 25px;"></td> <td style="border: 1px solid black; width: 20px; height: 25px;"></td> <td style="border: 1px solid black; width: 20px; height: 25px;"></td> <td style="border: 1px solid black; width: 20px; height: 25px;"></td> <td style="border: 1px solid black; width: 20px; height: 25px;"></td> <td style="border: 1px solid black; width: 20px; height: 25px;"></td> <td style="border: 1px solid black; width: 20px; height: 25px;"></td> <td style="border: 1px solid black; width: 20px; height: 25px;"></td> <td style="border: 1px solid black; width: 20px; height: 25px;"></td> <td style="border: 1px solid black; width: 20px; height: 25px;"></td> <td style="border: 1px solid black; width: 20px; height: 25px;"></td> </tr> </table> <p>8. ADDRESS OF PERMANENT RESIDENCE</p> <div style="border: 1px solid black; height: 45px; width: 100%;"></div> <p>9. PASSPORT DETAILS</p> <p>type</p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <p>number</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 25px;"></td> <td style="border: 1px solid black; width: 20px; height: 25px;"></td> <td style="border: 1px solid black; width: 20px; height: 25px;"></td> <td style="border: 1px solid black; width: 20px; height: 25px;"></td> <td style="border: 1px solid black; width: 20px; height: 25px;"></td> <td style="border: 1px solid black; width: 20px; height: 25px;"></td> <td style="border: 1px solid black; width: 20px; height: 25px;"></td> <td style="border: 1px solid black; width: 20px; height: 25px;"></td> <td style="border: 1px solid black; width: 20px; height: 25px;"></td> <td style="border: 1px solid black; width: 20px; height: 25px;"></td> <td style="border: 1px solid black; width: 20px; height: 25px;"></td> <td style="border: 1px solid black; width: 20px; height: 25px;"></td> <td style="border: 1px solid black; width: 20px; height: 25px;"></td> </tr> </table> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; font-size: small;">date of issue</td> <td style="text-align: center; font-size: small;">valid until</td> </tr> <tr> <td style="text-align: center; font-size: x-small;">day                      month                      year</td> <td style="text-align: center; font-size: x-small;">day                      month                      year</td> </tr> <tr> <td style="border: 1px solid black; width: 33%; height: 25px;"></td> <td style="border: 1px solid black; width: 33%; height: 25px;"></td> </tr> </table> <p>issuing authority</p> <div style="border: 1px solid black; height: 45px; width: 100%;"></div>	day	month	year				present	former (if any)																																				date of issue	valid until	day                      month                      year	day                      month                      year			<div style="border: 1px solid black; width: 100%; height: 100%; text-align: center; padding: 20px;"> <p>PHOTOGRAPH</p> <p>35 x 45 mm</p> </div> <p style="text-align: center; font-weight: bold; margin-top: 20px;">FOR OFFICE USE ONLY</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center; vertical-align: top;">A</td> <td style="text-align: center;"> <div style="display: flex; justify-content: space-around; width: 100%;"> <span>①</span> <span>②</span> </div> </td> </tr> <tr> <td style="text-align: center; vertical-align: top;">Б</td> <td style="border: 1px solid black; height: 25px;"></td> </tr> <tr> <td style="text-align: center; vertical-align: top;">В</td> <td style="border: 1px solid black; width: 100%; height: 25px;"></td> </tr> <tr> <td style="text-align: center; vertical-align: top;">Г</td> <td style="border: 1px solid black; width: 100%; height: 25px;"></td> </tr> <tr> <td style="text-align: center; vertical-align: top;">Д</td> <td style="text-align: center;"> <div style="display: flex; justify-content: space-around; width: 100%;"> <span>①</span> <span>②</span> <span>③</span> </div> </td> </tr> <tr> <td style="text-align: center; vertical-align: top;">Е</td> <td style="border: 1px solid black; width: 100%; height: 25px;"></td> </tr> <tr> <td style="text-align: center; vertical-align: top;">Є</td> <td style="border: 1px solid black; width: 100%; height: 25px;"></td> </tr> <tr> <td style="text-align: center; vertical-align: top;">Ж</td> <td style="border: 1px solid black; width: 100%; height: 25px;"></td> </tr> <tr> <td style="text-align: center; vertical-align: top;">З</td> <td style="border: 1px solid black; width: 100%; height: 25px;"></td> </tr> <tr> <td style="text-align: center; vertical-align: top;">И</td> <td style="border: 1px solid black; height: 45px;"></td> </tr> </table>	A	<div style="display: flex; justify-content: space-around; width: 100%;"> <span>①</span> <span>②</span> </div>	Б		В		Г		Д	<div style="display: flex; justify-content: space-around; width: 100%;"> <span>①</span> <span>②</span> <span>③</span> </div>	Е		Є		Ж		З		И	
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10. MARITAL STATUS

single		married		divorced		widowed	
yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>	yes <input type="checkbox"/>	no <input type="checkbox"/>

11. DID YOU SUFFER FROM ANY INFECTIOUS DISEASE DANGEROUS FOR PUBLIC HEALTH?

yes <input type="checkbox"/>	no <input type="checkbox"/>
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12. HAVE YOU EVER BEEN CHARGED OF ANY CRIMINAL OFFENCES ANYWHERE?

yes <input type="checkbox"/>	no <input type="checkbox"/>
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13. HAVE YOU EVER BEEN LIMITED OR PROHIBITED FROM AN ENTRY TO UKRAINE?

yes <input type="checkbox"/>	no <input type="checkbox"/>
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IF "YES", PLEASE SPECIFY WHERE

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14. HAVE YOU EVER BEEN DEPORTED OR REMOVED FROM UKRAINE?

yes <input type="checkbox"/>	no <input type="checkbox"/>
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15. PURPOSE OF YOUR JOURNEY?

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16. DURATION OF STAY IN UKRAINE

number of days      months

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17. DATE OF PROPOSED ENTRY TO UKRAINE

day      month      year

--	--	--

18. POINT OF ENTRY TO UKRAINE

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19. MEANS OF TRANSPORT FOR ENTRY TO UKRAINE

--

20. NAME AND ADDRESS OF ORGANIZATION WHICH INVITES

--

NAME AND ADDRESS OF PRIVATE PERSON WHO INVITES

--

21. CITIES IN UKRAINE YOU INTEND TO VISIT

--

22. ADDRESS OF TEMPORARY RESIDENCE IN UKRAINE

--

23. IN CASE OF NEED WHO WILL GIVE YOU FINANCIAL SUPPORT

--

24. CHILDREN UNDER 16 YEARS OLD INCLUDED ON YOUR PASSPORT AND WHO WILL TRAVEL WITH YOU TO UKRAINE

surname	name	place of birth	day	date of birth month	year	nationality

25. IF YOU HAVE BEEN TO UKRAINE, INDICATE THE DATE OF LAST VISIT

day	month	year

26. VISA REQUESTED FOR:

single entry <input type="checkbox"/>	double entry <input type="checkbox"/>	multiple entry <input type="checkbox"/>
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THIS PART IS TO BE COMPLETED IN CASE OF TRANSIT THROUGH THE TERRITORY OF UKRAINE

27. COUNTRY OF DESTINATION

28. MEANS OF TRANSPORT TO THE POINT OF DEPARTURE FROM UKRAINE

29. DO YOU HAVE AN ENTRY CLEARANCE FOR THE DESTINATION?

yes	<input type="checkbox"/>	no	<input type="checkbox"/>
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30. PLACE OF PROPOSED DEPARTURE FROM UKRAINE TO THE DESTINATION

31. DATE OF PROPOSED DEPARTURE FROM UKRAINE

day	month	year
<input type="text"/>	<input type="text"/>	<input type="text"/>

32. ADDITIONAL INFORMATION

*I do hereby confirm that I have read and understood everything stated above. I declare that the information given by me in this application to the best of my knowledge is true. I am aware that untruthful data presented by me in this application may serve as a reason to refuse the issue of Ukraine's entry visa and to refuse me to enter Ukraine even in the case the entry visa has been issued.*

*I also know that in the case I am refused to enter Ukraine I am not entitled for any refund of expenses incurred by me.*

PLACE OF SUBMISSION

DATE OF SUBMISSION

day	month	year
<input type="text"/>	<input type="text"/>	<input type="text"/>

APPLICANT'S SIGNATURE